



AMERICAN MODERN INSURANCE GROUP

DP-1 APPLICATION

Check Company Applicable:

- 070 American Family Home
077 American Modern Home
078 American Western Home
080 American Southern Home

Policy Number

Use only at Direction of Company

Applicable Program: EZChoiceD1 (DP-1) EZChoice Vacant Vacant Manufactured Home

Agency Number, Subproducer Number, AGENCY NAME, SUBPRODUCER NAME, ADDRESS, CITY/STATE/ZIP

BASIC INFORMATION / CLIENT INFORMATION

FIRST NAME, MIDDLE INITIAL, LAST NAME, SS #, DOB, EMPLOYER, OCCUPATION, SECONDARY APPLICANT'S FIRST NAME, MIDDLE INITIAL, LAST NAME, SS #, DOB, OCCUPATION, APPLICANT'S HOME PHONE, WORK PHONE, PRIMARY INSURED'S MARITAL STATUS, LOCATION ADDRESS, CITY, STATE, ZIP, COUNTY, EFFECTIVE DATE, MAILING ADDRESS, CITY, STATE, ZIP, COUNTY, POLICY TERM IN MONTHS, Dwelling Limit / Market Value, Purchase Date, Purchase Price, Year Built, Feet to Fire Hydrant, Inside City Limits?, Protection Class

ELIGIBILITY INFORMATION

Occupancy, IF RENTAL, IF VACANT, Date the dwelling became vacant?, Reason for Vacancy, IF VACANT MANUFACTURED HOME, Please List: Length/Width, Make, Model, Serial #, # Families, Construction Type, Roof Type, Date Replaced, Roof Slope, Electric Type, Style of Home, Square Footage of Home

LOSS INFORMATION

COVERAGES, LIMITS & PREMIUMS

Has the applicant had any losses in the last three years?, Coverages, Limit of Liability, Premium, Credits / Surcharges, TOTAL POLICY PREMIUM

DIRECT BILL INFORMATION

PAYMENT OPTION - Select One, MasterCard, Visa, Discover, American Express, Card#, Expiration Date, Amount to be Charged, Name on Card, New Business Bill To, At Renewal Bill To, Co. Use Only

**UNDERWRITING INFORMATION**

	YES	NO		YES	NO
1. Has applicant filed for bankruptcy in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	12. Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>
2a. Does the applicant own any animal with bite history or vicious propensities?	<input type="checkbox"/>	<input type="checkbox"/>	12a. <i>If yes, what type?</i>		
2b. Does the applicant own any Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolves or wolf hybrids or any mix of these breeds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump		
2c. Does the applicant own any other wild or exotic animals, farm animals or horses? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor		
3. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____		
3a. If yes, is the pool enclosed by a fence at least 4 feet tall with a locking gate or can the steps and ladders to the pool be secured or removed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	13. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	15. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
5a. If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>	16. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
6. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			17. Is the dwelling an earth home, dome home, open pier, stilt home, row home, townhouse, condominium, or any other non-conventional design?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	19. Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
8a. <i>If yes, why?</i>			20. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium			21. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state			22. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carrier no longer writes this type of business			23. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Applicant no longer belongs to association or group			24. Is the dwelling located within 1,000 feet of rising water or in an area that is prone to flooding?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____			25. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
9. Name of prior carrier? _____ Exp. Date _____			26. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>	27. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>			

**LOSS PAYEE INFORMATION**

Lienholder / Mortgagee     Additional Insured    (Please List Contract Seller as Additional Insured.)

Name \_\_\_\_\_ Loan Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is Lienholder other than a financial institution?  Yes  No

Lienholder / Mortgagee     Additional Insured

Name \_\_\_\_\_ Loan Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is Lienholder other than a financial institution?  Yes  No

**REMARKS**

**IMPORTANT NOTICE**

As a part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be provided upon written request. You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject you to civil damages.

**BINDER PROVISIONS**

If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as is used by the company in the state where the risk is located. This binder shall expire 10 days from the effective date or it shall terminate: (1) immediately on notice of cancellation by the named insured or the company, or (2) on its effective date if replaced by a policy with an effective date the same day as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect.

**Is Coverage Bound?**     Yes     No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Name (Please Print) \_\_\_\_\_

Agent's Signature \_\_\_\_\_ License No. \_\_\_\_\_ Date \_\_\_\_\_